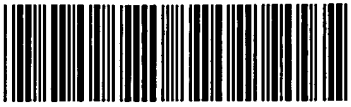


| | | | |
|--|-----------------|-------------------|--|
| Issue Classification  | Application No. | Applicant(s) | |
| | 09/737,219 | MYERS, MICHAEL H. | |
| | Examiner | Art Unit | |
| | KHAI TRAN | 2637 | |

| ISSUE CLASSIFICATION | | | | | | | | | |
|--|---|----------|---|------|--|-----------------------------------|-----------------|--|--|
| ORIGINAL | | | | | CROSS REFERENCE(S) | | | | |
| CLASS | | SUBCLASS | | | CLASS | SUBCLASS (ONE SUBCLASS PER BLOCK) | | | |
| 375 | | 329 | | | | | | | |
| INTERNATIONAL CLASSIFICATION | | | | | | | | | |
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| (Assistant Examiner) (Date) | | | | | Total Claims Allowed: 8 | | | | |
| <i>Hebra Harvey</i> 9/29/04 (Legal Instruments Examiner) (Date) | | | | | <i>Khai Tran</i> KHAI TRAN PRIMARY EXAMINER (Primary Examiner) (Date) 9/24/04 | | | | |
| | | | | | O.G. Print Claim(s) | | O.G. Print Fig. | | |
| | | | | | 1 | | 1 | | |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | <input type="checkbox"/> CPA | | <input type="checkbox"/> T.D. | | <input type="checkbox"/> R.1.47 | |
|--|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| Final | Original | Final | Original | Final | Original | Final | Original |
| | 1 | | 31 | | 61 | | 121 |
| | 2 | | 32 | | 62 | | 122 |
| | 3 | | 33 | | 63 | | 123 |
| | 4 | | 34 | | 64 | | 124 |
| | 5 | | 35 | | 65 | | 125 |
| 1 | (6) | | 36 | | 66 | | 126 |
| 2 | 7 | | 37 | | 67 | | 127 |
| 3 | 8 | | 38 | | 68 | | 128 |
| 4 | 9 | | 39 | | 69 | | 129 |
| 5 | 10 | | 40 | | 70 | | 130 |
| 6 | 11 | | 41 | | 71 | | 131 |
| | 12 | | 42 | | 72 | | 132 |
| 7 | (13) | | 43 | | 73 | | 133 |
| 8 | 14 | | 44 | | 74 | | 134 |
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